OLU STAFLE AREA (for additional cross references) POS!TION INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMS ..... Rejected ..... Non-elected ......Interference (Through numeral)... Canceled A ..... Appeal ..... Restricted 0 ..... Objected Date Claim Claim Date Final Original Final Original AND ABLE COPY If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)